



## GUIDANCE ON HOSPITALS' RESPONSES TO COVID-19

**UPDATED April 2, 2020<sup>1</sup>**

The Department of Health (Department) has received questions and requests for guidance from hospitals, health systems, and their representatives on their responses to Coronavirus Disease-2019 (COVID-19) and whether measures being implemented or contemplated are compliant with the statutory and regulatory requirements under the jurisdiction of the Department.

The Department is providing the below guidance as an update to the guidance issued on March 21, 2020.

### **Emergency Preparedness Plans and Reporting**

Hospitals should incorporate any actual or anticipated emergent needs associated with their COVID-19 response into their Emergency Preparedness Plan. Emergent needs include the use of telemedicine, remote locations, onsite family child care for staff, delayed investigation and enforcement under 28 Pa. Code § 103.24, and non-licensed spaces for treatment of patients.

Hospitals must implement their Emergency Preparedness Plans. Prior to or upon implementation, hospitals must report into the Pennsylvania Patient Safety Reporting System (PSRS) that they have or intend to implement their Emergency Preparedness Plan. On the report, under the “describe the event” section, the following information must be included:

- A statement that the Emergency Preparedness Plan is being implemented in response to COVID-19. The term “COVID-19” must be included in this section.
- Any locations that may be impacted.
- Services being implemented that have not been previously approved or for which notice was not previously provided to the Department (if applicable).

Hospitals that submitted a report prior to the date of issuance of this guidance indicating their Emergency Preparedness Plan has been implemented must amend their report to include the above information.

If a hospital adds an unlicensed physical location for service after the initial PSRS report is submitted, the hospital must amend the report and add the physical location. Amendments to reports must be submitted within 24 hours of implementation or use of a new location or space.

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<sup>1</sup> Red text indicated updates made to the Guidance to Hospitals provided on March 21, 2020.



Hospitals that are offering or intend to offer COVID-19 testing through off-site locations must include that information in their initial PSRS report or amend their report when it is known that the testing will be offered. The Department supports and encourages hospital and health systems efforts to develop their own testing capabilities.

Hospitals do not need approval from the Department to implement any element of their Emergency Preparedness Plan and do not need to provide daily updates. However, if any element of the plan has been discontinued, notice of that discontinuance should be reported.

### **Mandatory EEI Reporting through Knowledge Center**

In accordance with the Order of the Secretary of Health issued on March 24, 2020, all hospitals must complete the Essential Elements of Information (EEI) data collection tool in the Knowledge Center – Health Incident Management System (KC-HIMS) three times per day at 0800, 1600, and 2400 as instructed in the Order.

All fields indicated as mandatory or required must be completed. For this data collection purpose, all hospitals and campuses of hospitals must separately complete the survey even if multiple facilities are under one hospital license.

### **Visitors Policies**

Hospitals should follow their Emergency Preparedness Plan and the Department encourages hospitals to take any other appropriate measures to protect patient and staff safety. This includes limiting visitor access to vulnerable populations such as hospice, neonatal, SNF units, and other specialty units. Hospitals do not need the Department's approval to implement a new visitor policy in response to COVID-19.

### **Elective Admissions, Surgeries and Procedures**

Hospitals must implement their plan to postpone or cancel elective admissions, surgeries and procedures if they have not done so already. Hospitals must consult CMS's guidelines on elective surgery and procedure recommendations when making cancellation decisions. Only surgical services and procedures that would be emergent or urgent to save a life, preserve organ function, or avoid further harms from underlying condition or disease may continue to be performed. **As directed by the Governor and Secretary of Health's Orders issued on March 19, 2020, as amended on March 20, 2020, all other elective admissions, surgeries and procedures should have been cancelled or postponed by 11:59pm on March 20, 2020. Enforcement of the Orders began on March 23, 2020 at 8:00 a.m.**



### **Suspension of Services**

Hospitals that have suspended services or intend to suspend services in their response to COVID-19 must report those suspensions of services through PSRS as infrastructure failures.

### **Alternative Use of Space**

Hospitals that have decreased services, including elective surgical services, must assess if their facility can be used to accommodate hospital surge, including providing low acuity patients overnight accommodations and care, offer testing, or other COVID-19 related services. Hospitals must prepare to make any reasonable accommodations or arrangements to allow for an alternative use of space in response to COVID-19, including obtaining food, equipment, and supplies. Please contact your Regional Healthcare Coalitions regarding your facility's role in the regional medical surge plan.

If a hospital accommodates an alternative use of its space in its response to COVID-19, it must report that alternative use through PSRS and describe how that use is related to a COVID-19 response.

Hospitals do not need approval from the Department to implement an alternative use of space in response to COVID-19.

### **Use of New Space and Alterations or Renovations of Existing Space**

If a hospital needs to use new space or alter or renovate existing space in their response to COVID-19, the hospital must update its Emergency Preparedness Plan to include a description of the new use, alteration or renovation. The hospital must then amend its PSRS report implementing its Emergency Preparedness Plan to include a brief description of the new use or alteration or renovation. The description must include a statement that the new use, alteration or renovation is related to the facility's response to COVID 19. The term "COVID-19" must be used. If the space is being use for patient care, the description must include the type of patients to be cared for in that space.

Any time new space is used, or a space is altered or renovated, that information must be included in the hospital's emergency preparedness plan and an amended PSRS report must be submitted and it must include the information described above.

Prior to use, the facility must determine the new space or altered, or renovated space is safe for its intended use and the hospital must plan to staff and equip the space to provide safe care.



Hospitals must maintain documentation of new spaces being used, or spaces being altered or renovated, with dates of initiation and cessation of use, to be part of their internal emergency response documentation.

Department approval is not needed for a hospital to use new space or alter or renovate space in their response to COVID-19, if the above reporting requirement is satisfied.

Hospitals must discontinue use of any new, altered or renovated space upon the expiration of the Governor's Proclamation of Disaster Emergency issued on March 6, 2020.

### **Hospital Laboratory Testing**

Hospitals do not need approval from the Department to conduct testing for COVID-19 in hospital laboratories or other commercial laboratories. **Hospitals and health systems are asked to not restrict their testing sites to only referrals from their own health system-based providers.**

The Department encourages hospital laboratories to develop their own tests for COVID-19. Hospitals that are developing and/or performing COVID-19 laboratory tests must comply with U.S. Food and Drug Administration (FDA) requirements for COVID-19 development and testing during this Public Health Emergency. They must also, per Pennsylvania reportable disease regulations regarding Public Health Emergencies, report all COVID-19 test results, both positive and negative, to the Department of Health's electronic surveillance system, PA-NEDSS. The Department's Bureau of Laboratories (BOL) can provide the FDA-required confirmatory testing to high complexity laboratories who have developed COVID-19 tests and will be seeking or have applied for Emergency Use Authorizations (EUAs). Please contact BOL as soon as possible via e-mail at [RA-DHPACLIA@pa.gov](mailto:RA-DHPACLIA@pa.gov) with the name of your lab, PA Lab Identification Number and CLIA number if your hospital laboratory is interested in BOL confirmatory testing.

Please consult the Department's guidance on obtaining and ordering testing through commercial laboratories, if needed. Commercial laboratories are also required to report all test results (positive and negative) to PA-NEDSS.

### **PSRS Reporting for COVID-19 Positive Patients**

Hospitals are not required to report the presence of a patient who has tested positive for COVID-19 through PSRS as an infrastructure failure. However, if there is an occurrence involving or relating to a COVID-19 positive patient that would meet the MCARE definition of incident, serious event, or infrastructure failure, those occurrences must still be reported. This does not replace the NEDSS reporting requirement described in the previous section for all patients who undergo COVID-19 testing.



## **MCARE – Patient Safety and Infection Control Committee Meetings**

While the disaster proclamation remains in effect, hospitals may handle their Patient Safety Committee meetings electronically. This can be accomplished by having the patient safety officer provide updates to the committee and get feedback on critical patient safety issues that may be occurring at the hospital outside of the COVID-19 response. Hospitals may conduct virtual meetings with the committee members, allowing for two-way communication for all participants.

While the disaster proclamation remains in effect, Infection Control Committee requirements can be met by maintaining daily documentation of the infection control efforts that are taking place at the hospital. Maintaining this documentation will satisfy the infection control committee requirements imposed through MCARE and the Department's regulations.

### **Other Information**

Hospital staff and administrators should use screening protocols as outlined in their Emergency Preparedness and Infection Control Plan. In accordance with current CDC guidance, health care personnel with even mild symptoms of COVID-19 should consult with occupational health before reporting to work. If symptoms develop while working, health care personnel must cease patient care activities, don a facemask (if not already wearing), and leave the work site immediately after notifying their supervisor or occupational health services.

This guidance is intended to assist with hospital response to COVID-19. With the Governor's authorization as conferred in the disaster proclamation issued on March 6, 2020, all statutory and regulatory provisions that would impose an impediment to implementing this guidance are suspended. Those suspensions will remain in place while the proclamation of disaster emergency remains in effect.

Any new services or projects of a hospital unrelated to COVID-19 should be undertaken in accordance with the Department's statutory and regulatory standards.

This updated guidance will be in effect **immediately** and through the duration of the Governor's COVID-19 Disaster Declaration. The Department may update or supplement this guidance as needed.